

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
Yoshio IWASAKI et al.  
Serial No: 10/750,543  
Filed: December 31, 2003  
For: DISPLAY STRIP



Art Unit: 3727  
Examiner: Nasser Ahmad

*Handwritten signature/initials*

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status has been claimed. See 37 CFR § 1.27.  
☐ A certified copy of [COUNTRY] Patent Application No. [APPL'N#] filed [FILING DATE] from which priority is claimed under 35 U.S.C. § 119 is enclosed.  
☐ No additional fee is required.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:  
 Mail Stop AMENDMENT  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450, on  
October 6, 2005  
 Date of Deposit  
Olga Berson, Reg. No. 55,001  
 Name  
Olga Berson 10/06/05  
 Signature Date

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	28	-	43**	0	LG=\$50 SM=\$25	\$(FEE)	\$ 0
INDEPENDENT CLAIMS FEE	6	-	2***	4	LG=\$200 SM=\$100	\$200	\$ 800
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$(FEE)
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS		\$(FEE)
TOTAL							\$ 800

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

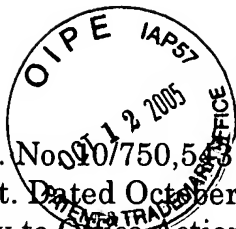
- ☒ The Commissioner is hereby authorized to charge \$800 for additional independent claims fees to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**  
☐ A check in the amount of \$\_\_\_\_\_ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**  
☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**  
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims  
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By: Olga Berson  
 Olga Berson, Ph.D.  
 Registration No. 55,001  
 Attorney for Applicant(s)

Date: October 6, 2005

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Appl. No. 10/750,543  
Amdt. Dated October 6, 2005  
Reply to Office Action of July 14, 2005

Attorney Docket No. 89285.0004  
Customer No.: 26021

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**AMENDMENT**

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated July 14, 2005, please amend the above-referenced application as follows:

**Amendments** to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 7 of this paper.

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October 6, 2005

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Olga Berson, Reg. No. 55,001

Name

*Olga Berson* 10/06/05

Signature

Date

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